



CHESHIRE COUNTY COUNCIL.

EDUCATION DEPARTMENT.

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1917,

BY

MEREDITH YOUNG,

M.D., D.P.H., D.S. Sc.,

Of Lincoln's Inn, Barrister-at-Law,

Lecturer in School Hygiene, Victoria University of Manchester.

County Medical Inspection Staff, 1917.

Chief Medical Officer :

MEREDITH YOUNG, M.D., D.P.H.
(County Medical Officer of Health).

Assistant Medical Officers :

West Cheshire—REGINALD LAWRENCE, M.D., D.P.H.

East Cheshire—*R. W. MACPHERSON, M.D., D.P.H.

ADA L. BARRETT, M.B., Ch.B.

North Cheshire—ELIZ. MACLEOD, M.D.

South Cheshire—*MARGARET G. ORMISTON, M.A., M.B., Ch.B.

* On Active Service.

Health Visitors :

Twenty-two (whole-time) Health Visitors.

District Nurses :

Three (part-time).

Lecturer in Sick Nursing :

MISS HAWKES.

Chief Clerk :

VINCENT O'CONNOR
(Clerk to the County Medical Officer of Health).

Offices :

43, Foregate Street, Chester.

Telephone :—1017, CHESTER.



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ANNUAL REPORT

OF THE

CHIEF SCHOOL MEDICAL OFFICER,

1917.

Staff.

Drs. Macpherson and Ormiston have been absent on military service during the whole of the year, so that the inspecting staff has consisted of Dr. E. Macleod (whole-time) and Drs. Ada Barrett and Reginald Lawrence (part-time). The following up of defective children has been carried out by the 22 Health Visitors, with assistance from District Nurses in a very few parts of the County.

Children Examined.

The total number of children examined during the year has been 14,305, made up as follows:—

CODE GROUPS—				Corresponding Figures for 1916.	
Entrants	...	...	5,228	...	4,977
Leavers	...	...	4,425	...	4,688
Eight year olds	...	...	3,057	...	3,228
			<hr/> 12,710	<hr/>	12,893
OTHER GROUPS—					
Intermediate Group (other					
than 8 year olds)	...	...	363	...	635
Special Cases	...	...	668	...	564
Re Examinations	...	...	564	...	913
			<hr/> 1,595	<hr/>	2,162
Totals	...		<hr/> 14,305	<hr/>	15,055

Classified according to sex the totals are:—

Boys	...	...	7,279
Girls	...	...	7,026

Further details are contained in Table I. appended:—

Table I.—Number of Children Inspected 1st January, 1917, to 31st December, 1917.

(A.) "Code" Groups. (B.) Groups other than "Code."

Ages.	ENTRANTS.						Inter- mediate Group.	LEAVERS.					Grand Total.	Inter- mediate Group (other than 8 years)	Special Cases.	Re-examina- tions (i.e. No. of Children Re- examined)
	3	4	5	6	Other Ages.	Total.		8	12	13	14	Other Ages.					Total.
Boys ...	87	487	1130	705	285	2694	1557	1483	549	40	180	2252	195	319	262	
Girls ...	102	423	1098	677	229	2534	1500	1433	592	38	110	2173	168	349	302	
Totals...	189	915	2228	1382	514	5228	3057	2916	1141	78	290	4425	363	668	564	

The ages of those examined in the several groups in the various districts are set out in the following Table :—

DISTRICT.	Entrants.						Inter- mediate.	Leavers.				Grand Total.	Intermediate (other than 8 years.)	Special Cases.	Re-examina- tions (No. of Children Re- examined.)	
	Age in years.				Other ages.	Total.		Age in years.			Other ages.					Total.
	3	4	5	6				12	13	14						
	8	12	13	14												
Boys.																
Altrineham and Bowdon ...	9	51	126	109	55	350	155	151	123	25	23	322	21	60	23	
Ashton-under-Lyne and Stockport	11	42	73	50	29	205	66	91	15	—	—	106	4	47	20	
Bebington and Neston ...	14	81	168	75	14	352	213	161	88	3	104	356	53	59	1	
Chester Union ...	2	24	49	43	26	144	112	64	23	1	10	98	14	14	4	
Congleton ...	1	5	8	7	—	21	10	—	—	—	—	—	—	—	—	
Hoylake and West Kirby	6	22	56	40	45	169	82	93	47	5	4	149	23	6	6	
Knutsford and Wilmslow	11	41	54	36	14	156	102	71	13	—	4	88	20	—	13	
Lymm ...	1	4	38	21	11	75	58	45	9	1	3	58	3	8	31	
Macclesfield and Hayfield	8	21	83	69	22	203	109	89	32	2	1	124	2	46	3	
Nantwich Union	—	1	3	3	—	7	4	—	2	—	—	3	—	—	—	
Northwich Union District	7	98	145	70	14	334	222	207	75	—	12	294	27	8	69	
Runcorn Rural	8	52	91	60	30	241	182	173	32	1	7	213	20	10	36	
Runcorn Urban	—	9	96	45	—	150	143	143	39	—	6	188	5	4	52	
Sale & Ashton-upon-Mersey	2	15	75	39	6	137	66	84	25	—	—	109	2	52	1	
Parvin and Whitechurch ...	7	21	61	32	16	137	32	111	24	2	4	141	1	5	3	
Winsford and Middlewich	—	—	4	6	3	13	1	—	2	—	1	3	—	—	—	
Total	87	487	1130	705	285	2694	1557	1483	549	40	180	2252	195	319	262	

Table shewing Children examined and classified according to Districts—Continued.

DISTRICT.	Entrants.						Inter- mediate.	Leavers.				Grand Total.	Inter- mediate (other than 8 years.)	Special Cases	Re-examina- tions (No. of Children Re- examined.)	
	Age in years.				Other Ages.	Age in years.			Other Ages.							
	Age in years.															
	3	4	5	6												
GIRLS.	11	40	134	105	337	47	161	160	157	20	10	347	6	51	36	
	6	35	73	50	188	24	62	70	18	—	—	88	—	47	30	
	17	62	172	73	364	40	235	196	101	10	31	338	51	61	7	
	9	19	53	35	123	7	80	63	13	—	5	81	14	7	6	
	1	6	8	6	21	—	9	2	—	—	—	2	—	—	—	
	2	24	49	48	143	20	102	120	36	2	14	172	2	5	1	
	8	33	38	34	121	8	93	79	21	—	3	103	7	—	17	
	3	6	41	21	77	6	51	42	11	—	3	56	4	—	18	
	13	33	73	68	203	16	106	90	51	2	2	145	3	69	6	
	—	—	3	—	3	—	3	4	2	—	—	6	—	2	—	
	5	80	149	77	321	10	248	227	88	2	9	326	25	4	71	
	12	51	97	40	213	13	144	144	34	—	11	189	20	35	38	
	1	1	80	23	124	19	132	125	19	—	2	146	32	7	72	
	1	19	66	60	150	4	45	36	19	—	—	55	—	45	—	
	12	17	59	35	136	13	29	75	21	2	20	118	4	13	—	
	1	2	3	2	10	2	—	—	1	—	—	1	—	3	—	
	Total for Girls	102	428	1098	677	2534	229	1500	1433	592	38	110	2173	168	349	302
	Total for Boys	87	487	1130	705	2694	285	1557	1483	549	40	180	2252	195	319	262
	GRAND TOTAL	189	915	2228	1382	5228	514	3057	2916	1141	78	290	4425	363	668	564

**Table III.—Return of Defects found in the course of
Medical Inspection.**

DEFECT OR DISEASE.	CODE GROUPS.		SPECIALS.	1916.
	Number Referred for Treatment.		Number Referred for Treatment.	Totals only.
MALNUTRITION	86		9	103
UNCLEANLINESS—				
Head	706		17	796
Body	256		9	261
SKIN—				
Ringworm—				
Head	42		4	40
Body	9		—	15
Scabies	14		1	14
Impetigo	83		3	95
Other Disease	—		—	—
EYE—				
Defective Vision or Squint ..	811		41	835
External Eye Disease	81		—	74
EAR—				
Defective Hearing	74		8	96
Ear Disease... ..	87		11	117
TEETH—				
Dental Disease	1596		43	1706
NOSE AND THROAT—				
Enlarged Tonsils	559		18	607
Adenoids	261		11	312
Defective Speech	8		—	5
HEART AND CIRCULATION—				
Heart Disease—				
Organic... ..	21		—	17
Functional	42		—	39
Anæmia	104		3	103
LUNGS—				
Pulmonary Tuberculosis—				
Definite	6		—	4
Suspected	11		—	4
Chronic Bronchitis	78		4	72
Other Disease	—		—	—
NERVOUS SYSTEM—				
Epilepsy	—		—	1
Chorea	2		—	5
Other Disease	—		—	1
NON-PULMONARY TUBERCULOSIS—				
Glands	15		1	14
Bones and Joints	6		1	5
Other Forms	2		—	3
Rickets	8		—	5
Deformities... ..	11		—	13
OTHER DEFECTS OR DISEASES ...	306		18	270

TABLE IV.—Treatment of Defects of Children during 1917.

CONDITION.	No. of defects found for which Treatment was considered necessary.		No. of defects for which no report is available.	No. of defects treated.	Results of Treatment.			No. of defects not treated.	Percentage of defects treated.
	From previous year.	New.	Total.		Remedied	Improved	Unchanged		
Clothing ...	21	357	378	293	143	148	2	62	77
Footgear ...	2	217	219	151	91	60	...	68	68
Cleanliness of body ...	10	143	153	133	70	59	4	18	86
Cleanliness of head ...	435	3009	3444	2925	1595	1238	92	338	84
Nutrition ...	55	64	119	96	61	35	...	2	80
Nose and throat ...	340	825	1165	662	422	111	129	391	58
External eye disease ...	19	252	271	232	152	75	5	24	85
Ear disease ...	32	124	156	121	45	66	10	24	77
Teeth ...	485	1694	2179	1420	739	515	166	579	65
Heart and circulation ...	78	98	176	141	32	99	10	29	80
Lungs... ..	42	47	89	84	54	30	...	...	94
Nervous system ...	2	5	7	5	...	4	1	...	71
Skin ...	32	414	446	414	312	96	6	16	93
Deformities ...	2	18	20	15	...	10	5	3	75
Tuberculosis, non-pulmonary	8	15	23	19	6	12	1	2	82
Speech ...	1	1	2	2	...	1	1	...	100
Mental condition ..	...	2	2	2	...	1	1	...	100
Vision and squint ...	263	1104	1367	883	610	171	102	341	64
Hearing ...	74	72	146	122	82	37	3	17	83
Miscellaneous ..	27	112	139	115	77	29	9	16	82
Total	1928	8573	10501	7835	4491	2797	547	1932	74

Medical Inspections in the several Districts.

From Table II. it will be seen that the three Administrative Sub-Districts of Congleton, Nantwich, and Winsford and Middlewich did not receive their share of medical inspection during the year 1917, but this is being remedied during the current year. Otherwise the figures in this Table call for no special comment.

Nature of Defects discovered on Inspection.

In Table III. these are set out in detail with the corresponding figures for 1916. Summarised, these figures shew the existence of a considerable number of ailments and bodily conditions which are largely preventible.

		Cases.	Percent of Children examined.
Uncleanliness	... ..	988	6.9
Skin Diseases	... ..	156	1.0
Defective Vision and Eye Disease		933	6.5
Defective Hearing and Ear Disease		180	1.2
Carious Teeth	... ..	1639	11.4
Tonsils and Adenoids	..	849	5.9
Tuberculosis—			
Pulmonary	... ..	17	—
Glands	... ..	16	—
Bones and Joints	... ..	7	—
Other Forms	..	2	—

It is important to note that the figures in Table III. relate only to defects of such seriousness as to call for a special reference to the parents for treatment. The conditions which stand out above all others in numerical incidence are, as in previous years, uncleanliness, carious teeth, defective vision and enlarged tonsils and adenoids. It is on these conditions that your Committee are about to wage war so far as the exigencies of the times will permit.

It is noteworthy that despite the strenuous conditions prevailing during the year in question only 95 children were found to be suffering from malnutrition (about 0.6 per cent. of those inspected) and only 107 (about 0.7 per cent.) were the subjects of anæmia.

It is not pleasant to have to record that about 7 per cent. of the children examined exhibited bodily uncleanliness, for surely here is one of the most easily preventible conditions. Teachers are seconding our efforts most loyally in the prevention of bodily uncleanliness, though it is always a very thankless task.

Treatment of Defects.

The position of affairs under this heading is shewn in Table IV. Taking the total figures first one finds that 10,501 for which treatment was considered necessary had to be dealt with during the year and, of these, 7,835 or 78 per cent. received treatment. Of the number of defects receiving treatment 4,491 were remedied (approximately 45 per cent.), whilst 2,797 (approximately 33 per cent.) were only improved. In the case of the balance (547 defects or 22 per cent.) the reports shew that these defects remained unchanged.

It is more important in this connection to consider the losses than the gains, and on looking into these one finds that 1,932 defects (18.4 per cent. of those for which treatment was considered necessary) were not treated at all in spite of all the efforts we found it possible to make. This group needs further analysis. And the Table shews that the bulk of these 1,932 untreated defects consists of:—

Carious Teeth	...	...	579 cases.
Tonsils and Adenoids...	...	...	391 „
Defective Vision	...	...	341 „
Bodily Uncleanliness	...	...	338 „

These figures amply justify the decision recently arrived at by your Committee to stretch out a hand to help these four classes of defect to receive appropriate treatment. Everyone realises how very difficult it is to organise the machinery for this at the present time and also how the very **needs of the moment** (to say nothing of the future) demand **that this treatment should be given.** This particular case gives an intensive meaning to Shelley's line:—

“Necessity thou mother of the world.”

The fact is not sufficiently kept to the fore that the medical treatment of defects in children yields proportionately a far better return than it does in the case of adults. The organs in children are developing—not developed, the defect is frequently only of recent origin and the system generally (including its habits) is more responsive to correction. In the case of children with diseased or defective eyes, ears, throats, noses and teeth the permanent elimination of a faulty condition can in most cases be secured, whereas in an adult amelioration or correction by artificial means is usually the best that can be done. This is one of the considerations which should surely weigh with us in deciding on any extension of the treatment of defects in school children.

In the course of a comparatively few years the effect of the Council's Maternity and Child Welfare operations should be visible in the school children. One expects them to enter on this preface to their life-work with a better fund of health than was the case prior to the inauguration of this child-welfare scheme and I feel fairly confident that this expectation will be realised. But the responsibility of the Education Authority will I think be increased rather than diminished by the operation of the child-welfare work, for, if that work has been the success it ought to have been, a number of children will have been raised from the schedule of the unfit to that of the partially-fit and our anxiety will be not merely to keep fit those who are already fit, but to raise the partially-fit to a higher standard still. The services which are being gradually built up for this purpose will do a great deal to secure adequate medical, surgical and dental treatment for those requiring it. Possibly, when it is found practicable to include dependants under the National Insurance Act, the school child will receive most of that which is his due; but as this happy day is not likely to dawn for a considerable time, we must persevere in our efforts to supply the necessary treatment by other means. Fortunately, here as elsewhere, we have a large-hearted medical profession on which to lean and the amount of gratuitous work which they carry out for our school children should make everyone concerned exceedingly grateful.

A few Voluntary Care Committees are still carrying out most valuable work in obtaining treatment for defective children.

The members of the Heswall District Nursing Association continue to take a special interest in school children. A number of those requiring spectacles have been provided with them at the expense of a private fund raised by the Association. Others needing operation for enlarged tonsils, &c., have been sent to the Wirral Children's Hospital. The District Nurse here has paid about 2,550 visits to school children, and given advice and assistance in dealing with various complaints and in addition attends every fortnight at each of the three schools in the district, subsequently following up any cases needing home visitation.

At Hoylake and West Kirby Miss A. M. Butterworth and the members of her Care Committee have toiled indefatigably and with notable success to better the lot of the ailing school child. A dental chair was obtained for use at the Cottage Hospital and Mr. C. K. Dinn, L.D.S., most kindly gave his services passing a large number of children through his hands. This work proved so successful that

your Committee have recently decided to take over the maintenance of the Dental Clinic and to carry it on in one of the rooms at the Maternity and Child Welfare Centre.

Similar good work has been carried out at Altrincham, Northwich, Runcorn, Sale, &c., and I hope to see its extension to many other centres. The Council's Maternity and Child Welfare Centres should form useful nuclei for the commencement of this form of treatment.

The Wilmslow Dental Clinic has continued its excellent work with the very kind help of Miss E. M. Greg, a member of the County Education Committee. Towards the close of the year under review, however, the Education Committee took over the maintenance of the Clinic. The difficulty of getting dental assistance has been a serious one and has handicapped the work. Mr. McKenzie, L.D.S., attended the Clinic on 25 occasions during the year and did a great amount of valuable work. Educational work on the care of the teeth is also being stimulated by Miss Greg in connection with this Clinic and is bound to bear good fruit.

Tuberculosis.

The number of cases of tuberculosis discovered on medical inspection is not a large one—42 in all, inclusive of suspected and definite conditions. Some of the cases, however, have been fairly deep-rooted and have necessitated prolonged institutional treatment.

The tuberculous child has a proportionately much better chance of receiving treatment than most other ailing school children. The Council now have beds available at Eastby Sanatorium (Skipton), Cranham Lodge Sanatorium (Gloucestershire) and Hyde Tuberculosis Pavilion for lung cases and at the West Kirby Convalescent Home, Leasowe Hospital, Winsford Albert Infirmary and Myrtle Street Hospital (Liverpool) for cases of surgical tuberculosis. The various Dispensaries are open for the examination and treatment of cases and contacts. A fairly large number of cases of tuberculosis have received treatment at one or other of these Institutions during the year and some wonderful cures have been effected. No one who had ever seen these little patients in the happy and health-giving surroundings provided for them by the Council or who could see the "before and after" picture of their condition could for a moment question the wisdom of the expenditure of the money entailed by this provision.

Ear Discharge.

In quite a number of cases of this condition a large amount of school attendance is lost. Owing largely to apathy and silly superstition many children are not treated at all for it and it becomes chronic and goes on for months and in a few cases for years. In many instances it is utilised as an excuse for keeping a child away from school to "help in the house." In some cases it is inadvisable to permit the affected child to attend school because of the very unpleasant smell accompanying the condition. Quite apart from these considerations is the very serious nature of the disease, for under certain conditions it may end in death. It is certainly one of those "minor ailments" which calls for very thorough treatment at a clinic.

It will be for your Committee to decide when minor ailment treatment clinics are provided for cases of this character what measures can be adopted for securing regularity of attendance at them until the condition is cured. One can only suggest some addition to or modification of the School Attendance Byelaw No. 2 (b) which sets out what are to be recognised as reasonable excuses for non-attendance. One of these excuses is that "the child has been prevented from attending school by sickness." I think this byelaw needs modification by the addition of some words to the effect that the Local Education Authority should in the case of sickness be satisfied that the child is having such medical or nursing attention as in their opinion the nature of the sickness demands. This remark, of course, applies to other "sicknesses" besides ear discharge.

Scabies.

We have experienced a number of very obstinate cases of this parasitic condition during the year. This is hardly to be wondered at when one knows the difficulty experienced in the Army in dealing with the same condition. The treatment possible in a working class dwelling—hot bath and the rubbing in of ointment for a number of days—can seldom, if ever be so thorough as it should be and re-infection of children by adults places another serious obstacle in the way. The old idea that this condition was readily curable in a few days has been exploded and we regard ourselves as fairly fortunate if the measures we advise and supervise bring success in three weeks or a month. In Derbyshire the County Council have made an Order extending the provisions of the Isolation Hospitals Acts to cover the treatment of Scabies and at each of their Hospitals an out-bathing place where children can have baths and sulphur

treatment has been arranged, the clothing being steam-disinfected during the time the children are being treated.

Treatment of Exceptional Children.

The Table relating to Blind, Deaf, Dumb and Epileptic Children is not printed this year, as the figures in it would be virtually the same as in several previous years. Moreover the full list of such children is given in the Official Manual of your Committee.

Examination of Children taking Swimming Instruction.

This has been continued as in previous years, several hundred children having been specially inspected prior to their receiving instruction.

Sick Nursing Lectures.

Miss Hawkes has continued to give these in various parts of the County. I understand there has been some difficulty in arranging centres for these lectures, possibly owing to the fact that similar lectures have been given in increasingly large numbers under the auspices of the St. John Ambulance Association and the British Red Cross Society. Comparatively few students have entered for the examinations.

Bacteriological Examinations.

During the year a considerable number of swabs from throats and noses have been examined for diphtheria bacilli with a view to checking the spread of diphtheria in schools. Only a few "carriers" (children harbouring diphtheria bacilli in their throats or noses, though presenting no clinical signs of the disease) were discovered, but even one carrier can spread a vast amount of disease, so that the trouble and expenditure was well worth while.

Infectious Disease.

The following Regulation governing the action of Teachers when infectious disease breaks out in their homes has recently been adopted by your Committee. The diseases enumerated are those scheduled as compulsorily notifiable under the Infectious Diseases (Notification) Acts and the Regulations of the Local Government Board, with certain other diseases specially affecting school children.

(a) Whenever a case of infectious disease occurs in the home of a Woman Teacher, or the house in which she resides, such Teacher must either remove from her home or house, or in the alternative she must absent herself from School, and

provide an approved substitute, until all danger of infection is over.

(b) Whenever a case of infectious disease occurs in the home of a Man Teacher, or in the house in which such Man Teacher resides, the Teacher, unless he can satisfy the School Medical Officer that he has taken and will continue to take for the period prescribed by him such measures (including personal disinfection if required) as in the Medical Officer's opinion will prevent any risk of infection to the scholars under the Teacher's care, must either remove from his home or house, or, in the alternative must absent himself from School and provide an approved substitute for such period as may be prescribed by the School Medical Officer.

(c) The above Regulations shall apply in the case of the following infectious diseases :—

Measles.
 German Measles (Rotheln).
 Whooping Cough.
 Small-pox.
 Chicken-pox.
 Influenza.
 Mumps.
 Typhoid (Enteric or Continued) Fever.
 Erysipelas.
 Scarlet Fever.
 Diphtheria or Membranous Croup.
 Epidemic Cerebro-Spinal Meningitis.
 Acute Anterior Poliomyelitis.
 Plague.

School Closure.

The following Table shews the action taken during the year :—

Cause.		Closed by S.M.O.	Closed by M.O.H.	TOTAL.
Measles	...	88	4	92
Whooping Cough	...	22	1	23
Scarlet Fever	...	7	—	7
Mumps	...	9	1	10
Chickenpox	...	6	—	6
Diphtheria	...	5	2	7
Influenza	...	7	—	7
Totals	...	144	8	152

Cost of Medical Inspection.

I am indebted to the County Accountant for the following figures:—

PAYMENTS AND RECEIPTS FOR YEAR ENDED 31ST MARCH, 1918.

PAYMENTS—	£	s.	d.
Proportion of Salary of Chief Medical Officer	237	10	0
Expenses of Chief Medical Officer ...	12	12	1
Proportion of Salaries of Assistant Medical Officers ...	831	5	0
Expenses of Assistant Medical Officers ...	148	7	6
Salaries of School Nurses ...	537	4	5
Expenses of School Nurses (including uniforms and bicycles) ...	265	0	2
District Nurses—Special Fees ...	5	8	0
Printing, Books, and Stationery ...	60	3	2
Postages and Carriage, etc. ...	15	18	0
Proportion of Office Staff—Salaries ...	204	7	6
Professor Delépine, for Bacteriological Examinations ...	22	10	3
Advertising and Sundries ...	9	9	9
Proportion of Rent, Rates, Heating, Lighting, Cleaning, etc. ...	33	18	0
	<hr/> £2383 13 10 <hr/>		

RECEIPTS—

Grant from Board of Education <i>re</i> Medical Inspection of School Children ...	£1076	16	8
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It will be noted that the amount repaid by the Board of Education as grant is only approximately 45 per cent. of the expenditure instead of 50 per cent., the proportion it was anticipated you would receive. So far as I am aware no explanation of this discrepancy has been received.

Teaching of Social Purity and Sex Hygiene.

This subject has exercised the minds of your Committee for some time and I think a wise decision has been reached as the result of a number of conferences. It has been fully realised that heredity and environment are stubborn elements where they are ranged against the pure and rightful developments of instinct. It has also been very fully realised that there are many worthy parents not only fitted but also ready to undertake the right direction of their adolescent boys and girls and who might with justice object to any interference with their privileges and their plans in this vitally important matter. After the fullest

possible consideration of these and other aspects of the question it has been decided to print a stock of the leaflet reproduced therein and to authorise the Secretary for Elementary Education to supply a copy of it to any Head Teacher who may consider it desirable that instruction in this subject should be given to individual elder scholars in his or her school. One can only send it forth with the sincere prayer that it may help some at least of the children under your care to grow up worthy of their high destiny.

HINTS TO TEACHERS—

The Education Committee desire to impress on Teachers the importance of Education on the subject matter of this leaflet. The ravages wrought by Venereal Diseases threaten the race and the family with great danger and in the campaign against the spread of these diseases ignorance is one of our greatest enemies. Teachers can be of the greatest possible help in dispelling ignorance and in replacing it with "instruction based on moral principles and spiritual considerations," coupled with warnings against possible dangers. It is therefore hoped that Teachers will envelop any instruction given on the lines set forth in this leaflet with an atmosphere of reverence and of moral stimulation.

Children should not be addressed in class on the subject of Sex; individual talks are the only proper methods of approaching this subject. Such talks should be left until the boy or girl is in the leaving year, unless the Teacher is convinced that some evil habit can be corrected by a talk at an earlier age.

Children spoken to on such matters should be put on their honour not to repeat any of the conversation to other children, and during the talk no opportunity should be lost of emphasizing the fact that the talk is the greatest confidence that the Teacher can possibly impose on the child.

The outline accompanying this leaflet may be modified by the Teacher in individual cases; knowing the child to whom he is talking, he will know in what form an appeal to him can be most successfully made.

Teachers can often help boys and girls in their after-school life and should willingly offer such help or advice if the child should at any time feel the need of it.

There is no necessity to go beyond the suggestions contained in this leaflet when touching on the question of disease associated with abuse of or impurity in sexual life; morbid descriptions of diseased conditions are best left out entirely in talks with children.

Knowing the boy's parents the Teacher will know how to advise him to whom he should apply for further help in this

matter, whether to go to his father or mother, or to his Clergyman, Doctor or Teacher. At the conclusion of the talk the Teacher should warn the boy that his school-mates will very likely ask what the talk has been about. Probably the best answer to this will be to tell the boy that if such a question is asked he must say that the Teacher has been giving him some advice about his future life, offering to help him when he left school and so forth.

A similar course should be adopted by a woman Teacher when talking to a girl.

OUTLINE OF CONFIDENTIAL TALK—

You are shortly leaving school and going out into the world to make your own way in it. Before you leave I want to tell you the truth about certain matters, so that when you hear others talk of them (as you certainly will) you will, knowing the actual truth, be able to see how a person with an evil or nasty mind can turn things round the wrong way. I want you to understand that everything I am going to explain to you is absolutely correct, as any doctor would tell you.

You know that flowers and plants, etc., grow from seeds and that the eggs or ovules of the flower are fertilised (made capable of growth) by the pollen. You know that chickens and birds of all kinds are hatched out from eggs that have been fertilised.

Almost exactly in the same way a human baby grows from an egg that has been fertilised. By the wisdom of God the egg grows in the body of the mother and the seed which fertilises it and makes it capable of growing into a baby grows in the body of the father. That is what causes people to say at times that such and such a child "takes after" its father (or its mother), meaning that in the egg from which the child has grown the father's (or the mother's) part of the egg has been the stronger. Both the egg and the seed which fertilises it grow in those parts of our body called the *private parts*.

The egg once fertilised remains inside the body of the mother and grows there for a long time until it has grown into a complete baby ready to be born. When it is fully grown and is quite ready to live outside the body of its mother, it is born, *i.e.*, it comes out of the body of the mother just like a chicken hatching out of an egg and it begins to live separately. It is very weak and has to be kept warm and clean and properly fed, so that it may grow up strong and healthy.

When you are born you have not yet got a completed body; certain parts of the body are not properly formed till

you are quite old—getting on for 20 years old. Some parts of the bones for instance are not properly joined up together, and if you are rough or have an accident you may break them at those weak spots.

The private parts of your body are those in which the seed (the egg) grows and these parts are not properly grown until you are getting on for 20 years of age; like every other part of your body, if they are not properly taken care of, they will never get completely grown, or they may get diseased or unhealthy.

All that you have to do with them is to keep them clean just as you do your hands and face and the rest of your body and never think about them. It is a terribly wrong thing, as any doctor will tell you, to play with them or excite them; any child who does that is not only committing a grave sin, but is sure before long to become weak, forgetful, ill, unfit to enjoy or play games and, if by chance it should be found out, will be shunned by other boys and girls, because all clean and decent boys and girls know that such a thing is the most unmanly or unwomanly thing anybody can be guilty of.

Never listen to unclean talk such as you would be ashamed to let your father or mother hear. You would not think of drinking a glass of dirty water or of eating food that was soiled with dirt, and you would feel disgusted if anyone threw dirt on your clothes or on to your face. You should feel just as much disgusted when other people try to throw dirt into your mind by talking dirty talk to you.

Boys should always respect and never think of hurting girls or women, not only because they are usually weaker, but for the special reason that it is in their bodies that the egg which is some day to become a living baby may have to grow, and if their bodies are hurt it may happen that the egg will not grow into a strong, healthy bright little baby at all, but perhaps only into a feeble or deformed baby.* (See bottom of last page.)

Boys, take your example from the lion which not only brings food to the lioness, but will fight to the death at any time to protect the lioness and the cubs or baby lions.

Girls, take your example from the lioness, which will battle with both man and beast, no matter at what cost to itself, to keep its cubs from injury.

Remember that your body is not your own to do just what you like with. God has given it to you for you to guard and care for, and if you do not guard it from evil things you will have to pay the penalty. You know what the Bible says, "Be sure your sins will find you out."

Turned into everyday language that means that if you commit a sin against your body you will sooner or later be punished for it. The words "Be sure" mean that nothing in the world is more certain than this.

There are certain diseases which affect the private parts chiefly and which are spread from one person to another by wicked and immoral acts. These diseases have the most terrible consequences, spreading all over the body and often resulting in death. That is part of what is meant by the Bible saying "*The wages of sin is death.*"

Your mind and your will are given to you to help you to control your body in the right way, and you can only have a strong and healthy body if you keep your mind clean and your will strong. Don't let your body control your will or your mind, but be strong and make your mind and your will control your body. If you do that you will grow into a strong man (or a perfect woman).

If you are ever tempted to do something with your body that you know to be wrong, never forget that God is always with you, and is always ready and willing to help. Just whisper to yourself a short prayer to God for help and make up your mind that you will not give in. You will be surprised how soon and how splendidly you will be helped and how much better and stronger you will feel afterwards. You will feel proud of yourself and you will have every reason to feel proud.

* This may be slightly varied to emphasize the special need of girls caring for their bodies.

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